

d1625

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.:

10751720

FILING DATE

1-5-04

APPLICANT(S)

| CLAIMS | | | | | | |
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| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
| NO | DEP | NO | DEP | NO | DEP | |
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| TOTAL DEP. | 19 | | | | | |
| TOTAL CLAIMS | 23 | | | | | |

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